

## Please answer the questions below.

When you answer the questions, they will automatically fill in that information where it belongs on the following forms that you will be filing with the court. Do not leave any questions blank. Any changes you make must be made to these questions; you will not be able to modify your answers in the forms themselves. Please have all of your information handy (including your most recent child support order) when you are answering these questions.

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*Look at your most recent child support order while answering the first six questions:*

1. What is the name of the County? \_\_\_\_\_
2. What is the Case Number? \_\_\_\_\_  
(The Case Number is very important; please make sure to copy it **exactly** as it appears on the court papers)
3. If you were married to your child(ren)'s other parent, select "MARRIAGE." If you were not married to your child(ren)'s other parent, select "PATERNITY."  
\_\_\_\_\_
4. If you selected "PATERNITY" above, what are the names of your children that are listed to the right of "IN THE PATERNITY OF:"? If you selected "MARRIAGE," skip to the next question.  
\_\_\_\_\_
5. What is the full name of the Petitioner? (This will either be your name or the other party's name)  
\_\_\_\_\_
6. What is the full name of the Respondent? (This will either be your name or the other party's name)  
\_\_\_\_\_
7. If you are the Petitioner, select the "X" next to Petitioner; if you are the Respondent, select the "X" next to Respondent. \_\_\_\_\_ Petitioner \_\_\_\_\_ Respondent
8. What is your full name?  
\_\_\_\_\_
9. What is your street address?  
\_\_\_\_\_
10. What is your town, state, and ZIP Code?  
\_\_\_\_\_
11. What is your telephone number, with area code? \_\_\_\_\_
12. What is your email address? \_\_\_\_\_
13. If you have a fax machine number and want to receive service by fax machine, what is your fax machine number, with area code? \_\_\_\_\_
14. If you have used the Attorney General Confidential address in any related cases, select "X": \_\_\_\_\_

15. What is the full name of the other party?

\_\_\_\_\_

16. If the other party is represented by an attorney, what is the full name of the attorney?

\_\_\_\_\_

17. If the other party is represented by an attorney, what is his/her street address? If they do not have an attorney, what is the other party's street address?

\_\_\_\_\_

18. What is the town, state and ZIP Code of the attorney/other party?

\_\_\_\_\_

19. Are there are other Court cases involving yourself and the other party? \_\_\_\_ Yes \_\_\_\_ No

20. If you selected "Yes," for each case you and the other party are involved, what is the name of the Court and Case Number. If you selected "No," skip to the next question.

Caption:_____	Case Number: _____
Caption:_____	Case Number: _____
Caption:_____	Case Number: _____
Caption:_____	Case Number: _____
Caption:_____	Case Number: _____
Caption:_____	Case Number: _____

21. How many children do you and the other party have together that are under the age of 19? \_\_\_\_\_

22. What are the full name(s) and birthday(s) of the child(ren) you and the other party have together that are under the age of 19?

Full Name _____	Birthday _____
Social Security Number _____	
Full Name _____	Birthday _____
Social Security Number _____	
Full Name _____	Birthday _____
Social Security Number _____	
Full Name _____	Birthday _____
Social Security Number _____	

23. What is the date of the most current child support order? \_\_\_\_\_

24. What is the date the most current child support order took effect? \_\_\_\_\_

25. What is the weekly amount of child support that you pay? \_\_\_\_\_

26. What are the name(s) of your child(ren) whom you believe are emancipated?

\_\_\_\_\_

27. Please check the box that describes the reason your child(ren) listed in Question 26 are emancipated and write their name in the blank. If you have more than one child who is emancipated, you may check multiple boxes, placing their names in each appropriate blank.

My child, \_\_\_\_\_, has turned 19

My child, \_\_\_\_\_, is at least eighteen (18) years of age; my child has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and my child is or is capable of supporting himself/herself through employment

My child, \_\_\_\_\_, has joined the United States armed services

My child, \_\_\_\_\_, has married

My child, \_\_\_\_\_, is not under the care or control of either parent nor an individual or agency approved by the court

28. What is the date which you believe your child(ren) became emancipated? \_\_\_\_\_  
(You will need to provide evidence of this date to the judge)

You have finished answering the questions. The following pages are the forms that you will be printing and then filing with the court. Please look over them to make sure the information is correct before you print them out. If you have changes, you must make them to the questions above. Once you have printed this packet, make sure you sign it on the Signature line. Your signature must be on these forms before you make copies and file it with the court.

PLEASE NOTE: There is a blank line in the paragraph named Certificate of Service. Before you make your copies, you MUST write the date you will be filing the forms on this blank line.

STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF ) CASE NO.  
  
IN RE THE OF:

Petitioner,

V.

Respondent.

**APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE**

**This Appearance Form must be filed on behalf of every party in a civil case.**

1. My Name is: \_\_\_\_\_ and I am

Initiating (filing) \_\_\_\_\_;

Responding (answering or defending) \_\_\_\_\_; or

Intervening \_\_\_\_\_;

in this case and am representing myself.

2. Contact information for receiving legal service of documents and case information is required by Court Rules: *(NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner)*

Address: \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

OR, if in the related case, you have used the Attorney General Confidential address, you may check the box below:

\_\_\_\_ Attorney General confidential address.

3. This is a \_\_\_\_\_ case type as defined in administrative Rule 8(B)(3).  
*(Clerk will supply this information.)*

4. I will accept service by FAX at the following number \_\_\_\_\_

X     Yes          No

Caption: \_\_\_\_\_ Case Number: \_\_\_\_\_

### Self-Represented Party

NOT FOR PUBLIC ACCESS  
IN ACCORDANCE WITH ADMINISTRATIVE RULE 9

ATTENTION CLERK: FOR SELF REPRESENTED LITIGANTS, TREAT THIS FORM AS IF IT IS PRINTED ON LIGHT GREEN PAPER

ATTORNEYS MUST SUBMIT THIS FORM ON LIGHT GREEN PAPER. SEE BOTTOM OF PAGE FOR TEXT OF TRIAL RULE 5 (G) (2)

STATE OF INDIANA                     )     IN THE                                     SUPERIOR/CIRCUIT COURT  
  ) SS:  
COUNTY OF                         )     CASE NO.

IN RE THE                         OF:

Petitioner,

V.

Respondent.

**CIVIL APPEARANCE FORM**

**Item 5** (Social Security numbers of all family members in cases involving support):

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Name: \_\_\_\_\_ SS # \_\_\_\_\_

Name: \_\_\_\_\_ SS # \_\_\_\_\_

**Item 8** (Social Security number of person who is subject to involuntary commitment):

Name: \_\_\_\_\_ SS # \_\_\_\_\_

When only a portion of a document contains information excluded from public access pursuant to Administrative Rule 9(G)(1), said information shall be omitted [or redacted] from the filed document and set forth on a separate accompanying document on **light green paper** conspicuously marked "Not For Public Access" and clearly designating [or identifying] the caption and number of the case and the document and location within the document to which the redacted material pertains.

NOT FOR PUBLIC ACCESS

STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF ) CASE NO.

IN RE THE OF:

Petitioner,

V.

Respondent.

**VERIFIED PETITION TO TERMINATE CHILD SUPPORT**  
**DUE TO EMANCIPATION OF MINOR CHILD(REN)**

Comes now \_\_\_\_\_, pro se, and hereby files a Verified Petition to Terminate Child Support Due to Emancipation of Minor Child(ren), and states as follows:

1. That parties have \_\_\_\_\_ minor child(ren), namely:

**Name**

**Date of birth**

_____	_____
_____	_____
_____	_____
_____	_____

2. On \_\_\_\_\_, this Court ordered that \_\_\_\_\_ pay child support to \_\_\_\_\_ in the weekly amount of \_\_\_\_\_ for the above named child(ren) effective on \_\_\_\_\_.

3. The following child(ren) is/are emancipated:

\_\_\_\_\_

4. The reason that my child(ren) is/are emancipated is as follows:

\_\_\_\_\_ has turned nineteen (19) years of age.

\_\_\_\_\_ is at least eighteen (18) years of age; has not attended secondary or post-secondary school for the past four (4) months and is not enrolled in a secondary or post-secondary school; and is or is capable of supporting himself/herself through employment.

\_\_\_\_\_ has joined the United States armed services.

\_\_\_\_\_ has married.

\_\_\_\_\_ is not under the care or control of either parent or an individual or agency approved by the court.

5. The date upon which my child(ren) became emancipated was \_\_\_\_\_.

6. My child support obligation should be terminated because of the emancipation of my child(ren), \_\_\_\_\_.

7. The termination of my support obligation should be retroactive to the date(s) stated in Paragraph 5 above.

8. I therefore ask the Court to set this matter for a hearing.

WHEREFORE, \_\_\_\_\_ requests that this Court set this matter for hearing for the purpose of declaring my child(ren) emancipated, terminating my child support obligation, and order all other further relief that is just and proper in the premises.

I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
Signature

#### CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the opposing attorney, or the opposing party if the opposing party is not represented by an attorney, on \_\_\_\_\_.

\_\_\_\_\_  
Signature



STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF ) CASE NO.

IN RE THE OF:

Petitioner,

V.

Respondent.

**NOTICE OF HEARING**

Comes now, \_\_\_\_\_, pro se, having filed a Verified Petition to Terminate Child Support due to Emancipation of Minor Child(ren), and the Court finds that the matter should be set for hearing.

**IT IS THEREFORE ORDERED** that this matter shall be heard on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at the hour of \_\_\_\_\_ o'clock \_\_\_\_\_.M

**IT IS FURTHER ORDERED** that the Clerk of the Court shall serve this pleading by certified mail upon \_\_\_\_\_ at the following address:

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge

Distribution:

STATE OF INDIANA ) IN THE SUPERIOR/CIRCUIT COURT  
 ) SS:  
COUNTY OF ) CASE NO.  
  
IN RE THE OF:

Petitioner,

V.

Respondent.

**ORDER GRANTING TERMINATION OF CHILD SUPPORT**  
**DUE TO EMANCIPATION OF MINOR CHILD(REN)**

Comes now, \_\_\_\_\_, pro se, having filed a Verified Petition to Terminate Child Support due to Emancipation of Minor Child(ren). The Court, having read said pleading and held a hearing on the matter, now finds that the child support obligation should be terminated because of the emancipation of the minor child(ren).

The Court also finds that the current child support obligation should be terminated because of the emancipation of the minor child(ren).

**ARREARAGE INFORMATION (select only one option)**

\_\_\_\_\_ There is not an arrearage on this account and the arrearage is set at zero and the account shall be closed.

\_\_\_\_\_ There is an arrearage on this account of \$\_\_\_\_\_. \_\_\_\_\_ is ordered to pay \$\_\_\_\_\_ per week on the arrearage until such time as the arrearage is paid in full.

IT IS THEREFORE ORDERED that \_\_\_\_\_ is no longer required to pay current child support to \_\_\_\_\_.

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Distribution:

\_\_\_\_\_  
Judge

STATE OF INDIANA                                 )     IN THE                                 SUPERIOR/CIRCUIT COURT  
  ) SS:  
COUNTY OF   )     CASE NO.  
  
IN RE THE                                 OF:

Petitioner,

V.

Respondent.

**ORDER GRANTING TERMINATION OF INCOME  
WITHHOLDING ORDER DUE TO EMANCIPATION OF CHILD(REN)**

Comes now, \_\_\_\_\_, pro se, having filed a Verified Petition to Terminate Child Support due to Emancipation of Minor Child(ren). The Court, having read said pleading, having held a hearing on the matter, and having found that the child support obligation should be terminated because of the emancipation of the minor child(ren), now Orders that any Income Withholding Order previously issued in this case is hereby vacated immediately.

**IT IS THEREFORE ORDERED** that any Income Withholding Order previously issued in this case is hereby vacated. The Clerk is instructed to inform the Employer of this Order.

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge

Distribution: